### Ohio Department of Job and Family Services

# **COMMODITY SUPPLEMENTAL FOOD PROGRAM**

## **INCOME ELIGIBILITY GUIDELINES**

# **ELDERLY - 60 YEARS OF AGE & OLDER**

Based on 130% of Federal Poverty Income Guidelines

Household Size	Annual	Monthly	Weekly
1	\$ 19,578	\$ 1,632	\$ 377
2	\$ 26,572	\$ 2,215	\$ 511
3	\$ 33,566	\$ 2,798	\$ 646
4	\$ 40,560	\$ 3,380	\$ 780
5	\$ 47,554	\$ 3,963	\$ 915
6	\$ 54,548	\$ 4,546	\$ 1,049
7	\$ 61,542	\$ 5,129	\$ 1,184
8	\$ 68,536	\$ 5,712	\$ 1,318
For each additional family member add	\$ 6,994	\$ 583	\$ 135

Income eligibility guidelines are established by the United States Department of Agriculture based on the current Federal Poverty Guidelines.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

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https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

#### 1. mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

#### 2. fax:

(833) 256-1665 or (202) 690-7442; or

### 3. **email:**

program.intake@usda.gov

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